FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANN	1997		Secretary of St DIVISION OF CORPO				Secretary of State		
1	MENT # L URHEIDE, INC.	01873	(3)						
Principal Plac	ce of Business	N	lailing Address	·			-		H 610)1 H101
4691 NORTH I CORAL SPRIN	university drive sui GS FL 33067	TE 352 46 CX	91 North Universit Oral Springs FL 330	y drive 81 067-4620	NTE 952				
				·	·		3. Date incorporated or Qualified 07/13/1989	3a. Date of Last 08/08/1996	
2, Principa F 21	Place of Business	2a 26	, Mailing Address	ŀ			4. FEI Number 65-0164183		Applied For Not Applicable
Suite, Apt. 22	#, etc.	27	Suite, Apt. #, etc.	-			5. Certificate of Status Desired	\$8.75	Additional Regulred
City & Star 23	te		City & State				6. Election Campaign Financing	\$5.0	0 May Be
, Zip	Cou	ritry 29	Zip	Co.	ntry	 	Trust Fund Contribution 8. This corporation has liability for in Florida Statutes		s. 199.032,
24		29 dress of Current Regis	stered Agent	130			10. Name and Address of New Reg		
ZUF	RHEIDE, RICKIE				81 Na	me			
3851 N.W. 103RD AVE.					82 Str	eet Addre	ess (P.O. Box Number is Not Acceptab	le)	
CO	ral springs fl 3	3065		į.					
			•		83				
' 					84 Cit	·		FL 85 Z	Code
office or agent 1 a		ections 607,0502 and tooth, in the State of Flor accept the obligations of registered agent and the					oration submits this statement for the pron's board of directors. I hereby acception when reinstating.	orpose of changing it the appointment a	is registered
12.	Signature, typed or protocor	OFFICERS AND DIRE	···	13,	Agent sign	ature require	ADDITIONS/CHANGES TO OFFIC		RS IN 12
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4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true aird accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 it changed or on an attackment with an address,

SIGNATURE

SANTURE AND TYPED STPRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/28/97 (954)344-6853
Daylone Proce

FILED

May 05 1997 8:00am